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CONFIRMATION NO. 7216

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|--|---|--|---|--|---------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/527,612   | <b>FILING or 371(c) DATE</b><br>03/11/2005<br><b>RULE</b>   | <b>CLASS</b><br>206                                      | <b>GROUP ART UNIT</b><br>3781   | <b>ATTORNEY DOCKET NO.</b><br>SC-05PCT |                           |                                |
| <b>APPLICANTS</b><br>Gunter Richter, Altenkirchen, GERMANY;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/EP03/10044 09/10/2003<br><b>** FOREIGN APPLICATIONS *****</b><br>GERMANY 102 42 387.3 09/12/2002<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> |   |  |   |  |                           |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and Acknowledged <u>/HARRY A GROSSO/</u><br>Examiner's Signature                                    |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR COUNTRY</b><br>GERMANY  | <b>SHEETS DRAWINGS</b><br>6            | <b>TOTAL CLAIMS</b><br>15 | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>FRIEDRICH KUEFFNER<br>317 MADISON AVENUE, SUITE 910<br>NEW YORK, NY 10017<br>UNITED STATES   |   |  |   |  |                           |                                |
| <b>TITLE</b><br>Large-volume container comprising two parts and a support device located in the connection region  |   |  |   |  |                           |                                |
| <b>FILING FEE RECEIVED</b><br>450  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                           |                                |